

The Commonwealth of Massachusetts
Division of Health Professions Licensure

Board of Registration in Dentistry

239 Causeway Street, 5th Floor

Boston MA 02114

(617)727-9928

www.mass.gov/dpl/boards/dn

BOARD USE ONLY

Board: _____

License#: _____

Type: _____

Cash#: _____

Cash Date: _____

Please attach recent passport size

2 X 2

photograph here

DENTAL-LICENSURE BY CREDENTIAL
APPLICATION

1. Applicant Name: _____
Last First Middle

2. Former Name: _____

3. Date of Birth: _____ Place of Birth: _____

BOARD USE ONLY

Status Code: _____

Issue Date: _____

Lic. Exp. Date: _____

4. Permanent Address: _____
No. Street Apt.#

City/Town State Zip Code

5. Business Address: _____
No. Street Apt.#

City/Town State Zip Code

6. Telephone Number-Day: _____ Evening: _____

7. SOCIAL SECURITY NUMBER (MANDATORY) _____ - _____ - _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

8. Graduate of: _____
Name of institution Location

9. Date Diploma or Certificate Conferred on _____ 19 _____ Degree: _____

10. Documentary Proof of Dental Education Must Be Filed With This Application.

11. Documentary Proof of National Board Certification Must Accompany Application.

12. I have taken N.E.R.B.: _____
Date

13. This is my first request for registration in Massachusetts. _____ Yes _____ No

14. List registrations in all other states with issue and current status. A certificate of standing from each state in which you were licensed, indicating the status of your license and any relevant disciplinary information, must be submitted to the Board with this application.

15. Has any disciplinary action been taken against you by a licensing board in another state? _____ Yes _____ No
If yes, please state the details (use separate sheet if necessary).

16. Are you the subject of pending disciplinary actions or pending complaints by a licensing board in another state? _____ Yes _____ No If yes, please state the details (use a separate sheet if necessary).

17. Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state? _____ Yes _____ No If yes, please state the details (use a separate sheet if necessary).

18. Have you ever applied for and been denied a professional license in another state? _____ Yes _____ No
If yes, please state the details (use separate sheet if necessary)

19. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? _____ Yes _____ No

If yes, please state the details (use separate sheet if necessary)

20. We, the undersigned registered dentists, are personally acquainted with _____, the applicant named in the application, and recommend him/her as a person of good moral character.

a. Name _____
Print Name Sign Name
Address _____

b. Name _____
Print Name Sign Name
Address _____

21. I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, (a) pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to G.L. c. 119, s. 51A, I understand my obligation to report the abuse and neglect of children.

Signature of applicant Date

WALL CERTIFICATE: Please state name as you wish it to appear on wall certificate.

First Middle Last

Address certificate should be mailed to:

Street _____

City, State, Zip Code _____

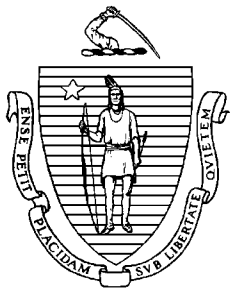
OFFICE USE ONLY

Fee Received: _____

Date of passing NERB _____

Exam# _____

Date certified in Massachusetts _____



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LICENSURE BY CREDENTIALS FOR DENTISTS

Eligibility

The Board may grant licensure by credentials, without an examination, to dentists licensed in other states provided: (1) the applicant has the credentials listed in 234 CMR 2.01 (2) 1 through 6; and (2) effective March 1, 1996 the state of the applicant's licensure accords a similar privilege to dentists licensed by the Massachusetts. Call (617)727-0084 to find out which states accord similar privileges. **ALL APPLICATIONS WILL BE REVIEWED ON THE FIRST WEDNESDAY OF EACH MONTH.**

1. Is a graduate and has received the degree of DDS or DMD from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.
2. Is of good moral character.
3. Is professionally competent.
4. Is currently licensed in another jurisdiction which accords similar privileges to dentists licensed by the Massachusetts Board of Registration in Dentistry.
5. Has been in dental practice and/ or dental education for a minimum of 5 years immediately preceding the application. Applicants may include the practice of dentistry in the armed services, federal, state, and municipal programs and intern and residency programs as part of the five years of dental practice.
6. Is endorsed by the state board(s) of dentistry in the state(s) in which he/she has ever held a dental license.

NOTE: Dentists licensed in other states who have completed a general practice residency or who are board eligible specialists are not subject to the requirement of #4.

Application Procedure

An applicant must submit the following information to the Board:

1. A completed Massachusetts Board of Registration in Dentistry application for licensure by credentials.

2. A statement from each state board of dentistry in which the applicant is currently or has previously been licensed to practice dentistry attesting to the fact that his/her license is or has been in good standing and whether or not any disciplinary action has ever been taken.
3. Original proof of graduation from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association. (Letter from the school or official transcript with seal of school). PHOTOCOPIES ARE NOT ACCEPTABLE.
4. Documentary proof of completion of the National Board Examination (a photocopy only)
6. Letters of endorsement from two dentists who are familiar with the applicant and his/her practice of dentistry.
7. Proof of satisfactory completion of 40 hours of continuing education during the last two years, according to the criteria set forth in 234 CMR 5.04.
8. Physician's statement that is the result of an examination attesting to the physical and mental health of the applicant and to any visual impairments that may affect the ability to practice dentistry by the applicant. The examination must have been performed within six months of the application date.
9. A successfully completed jurisprudence exam on the Laws related to the practice of dentistry of the Commonwealth of Massachusetts and the Rules and Regulations of the Board of Registration in Dentistry.
10. A report from the applicant of any disciplinary action taken against the applicant within the last five years according to 234 CMR 2.01 (11) (c).
11. A passport size photograph attached to the front of the application on top.
12. **National Practitioner Data Bank Self-Query**- to perform a self-query please contact the NPDB at 1-800-767-6732 or contact their website at **www.npdb.com**. Please include the original report form that you receive from the NPDB in your application. Be sure to make a copy of this form for your records.

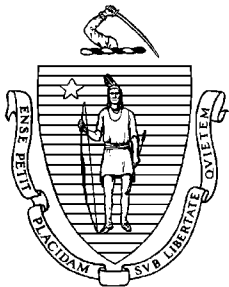
Requirements

1. Present a completed application with application and a check in the amount of \$440.00 made payable to the Commonwealth of Massachusetts.
2. Provide a U.S. **Social Security Number**

Ethics and Jurisprudence Exam

The Ethics and Jurisprudence Exam is based on 1. The Dental Laws and 2. The Dental Rules and Regulations (234 CMR) of the state of Massachusetts. Both documents are available from the State House Bookstore, Room 116, Boston, MA 02133 for a nominal fee. Please call (617) 727-2834 to find out the exact amount and send a check made payable to the Commonwealth of Massachusetts to the above listed address. You may also obtain the booklets mentioned above at our website at www.mass.gov/dpl/boards/dn. To obtain an exam by calling the Board at

(617)727-2243 or (617) 727-0084 for no charge. Please review the Dental Laws and Dental Rules and Regulations booklets before taking the exam. Send the exam with your application.



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GENERAL INFORMATION

PRESCRIPTION WRITING PRIVILEGES

A state Controlled Substance Certificate is required before a Federal (DEA) Controlled Substance Certificate can be issued.

Application for Massachusetts
Controlled Substance Certificate
may be obtained from:
Department of Public Health
Division of Food and Drugs
Room 219
305 South Street
Jamaica Plain, MA 02130
(617) 522-3700

Application for Federal (DEA)
Controlled Substance Certificate
may be obtained from:
U.S. Dept. of Justice
Drug Enforcement Agency
50 Staniford Street, Suite 200
Boston, MA 02114
(617) 557-2100

RADIATION CONTROL

105 CMR 120.000 requires that each person that intends to acquire a source of ionizing radiation, such as a machine, shall apply to the Department of Public Health, Radiation Control Program to register as a facility. Application may be obtained from Radiation Control Program, P.O. Box 309, Essex Station, Boston, MA 02112 (617) 727-6214.

REPORTING SUSPECTED CHILD ABUSE

MGL Ch. 119 s. 51A requires dentists to immediately make a report to the Department of Social Services when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering serious physical or emotional injury as a result of abuse or neglect by a caretaker including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth. **CHILD AT RISK**
HOTLINE NUMBER 1-800-792-5200.

CORPORATIONS

To form a corporation you must first obtain a form called the Certificate by Regulatory Board from the Secretary of States' Office (617)727-2828. Once this form has been filled out you should mail it or bring it to the Board. We will date stamp it, sign it, and make a copy for our records then give you back the original. Be sure to have a check or money order with the Certificate made payable to the Commonwealth of Massachusetts for \$10.00 per each dentist.

CHANGE OF ADDRESS

When you move it is essential you notify the Board in writing of your new address especially if you are a student who wants the official state wall certificate or a practitioner who wants to renew his or her license.

RECORDS REQUEST

Massachusetts General Laws Chapter 112, section 12 CC and Board Regulation 234 CMR 2.04 (17) requires dental practitioners to provide, in a timely fashion, a copy (not the originals) of patient records including radiographs of diagnostic quality. Although a reasonable fee for duplication may be charged, you may not require prior payment of any outstanding balance as a condition for making records available. You may not require a patient to sign any form indicating your release from any professional responsibility. A patient or patient's legal representative may request his or her records. You may ask the patient to put his or her request in writing.

RECORDS OF TREATMENT

The Board has noticed in its review of patient complaints that many patient records are lacking basic information, such as general periodontal condition, updated periodontal charting, type and quantity of local anesthesia, type and timed duration of general anesthesia, and referrals to other practitioners. You are urged to protect your patients and yourself by keeping informative, accurate records including the aforementioned. If the patient refuses to accept any of your recommendations or does not follow through with your advice, this fact should be documented. The Board considers patient records as vital information in determining what transpired during treatment.

NOTICE

The Board has recently noticed dentists and dental hygienists working under expired or fraudulent licenses. All supervising dentists are responsible for being certain all employees and associates hold a current valid license. Proof of such must be posted in plain view of patients per Chapter 13, General Laws Section 45.

INFECTION CONTROL

On September 22, 1993 the Board voted to adopt the Center for Disease Control's Infection Control Procedures as published in 1993 and including future amendments as the minimum standards for Massachusetts dental practice. Each office is obligated to follow these procedures. The C.D.C. Guidelines may be obtained from: Center for Disease Control, Division of Oral Health, 1600 Clifton Road, Millstop F10, Atlanta, GA 30333, (404) 639-8376.

CONTINUING EDUCATION

The Board reminds all licensees of the importance of completing the mandatory continuing education requirements. New developments in technology and the demands of serving the public health require continuous updating through education. Dental Regulations 234 CMR 5.00 require that licensed dentists complete forty (40) hours per two year renewal cycle. No carryover of credits is allowed from cycle to cycle. Courses are acceptable for credit when they are related to direct patient care. Courses such as practice management or financial management are not acceptable. It is the responsibility of each licensee to maintain an authenticated record of continuing education activity and to submit evidence of completion to the Board when requested.

These records, as noted in 234 CMR 5.04 (4) (b), must be retained for a period of three (3) years or until the license of the dentists has been renewed. Licensees can expect to have their two (2) years education audited randomly, upon site inspection or when appearing before the Board. If you do not meet CEU requirements, you **MUST** notify the Board in writing prior to signing the renewal form. Disciplinary action may result for failure to fulfill C.E.U. requirements.